

**CHRISTOPHER WAYNE LESTER**

**4 OF 14**



## Charleston Area Medical Center, Inc.

General Division  
501 Morris Street  
Charleston, WV 25301

Memorial Division  
1200 MacCorkle Ave., SE  
Charleston, WV 25304

Women & Children's Hospital  
800 Pennsylvania Avenue  
Charleston, WV 25302

FOR Christopher Lester  
Address \_\_\_\_\_ Date 4/4/00

R

Salvolet N-100

# 20

i po q<sup>60</sup> per pain

Please Print

Degree

Signature

Degree

PLEASE LABEL CONTENTS

Phone or Pager

☐ NON REP☒ REPEAT X

DEA NUMBER

CAMC 1007

This prescription may be filled with a generally equivalent drug product unless the words "Brand Necessary" or the words "Brand Medically Necessary" are written, in the practitioner's own handwriting, on this prescription form.

17-0003

THIS PRESCRIPTION FORM IS PRINTED IN PURPLE INK

Rev. 11-99





1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

# CHART FLOW

Due Date: \_\_\_\_\_

Date: 3-15-00 Arrival: 2<sup>28</sup> Appt: \_\_\_\_\_ WI \_\_\_\_\_

Name: Chris Hester Company: D & M Trucking

SS #: [REDACTED] 3340 Type of Exam: 205 DOT w/c

## Results Pending

AML D/S Nic

SVI Lab \_\_\_\_\_

AML Lab \_\_\_\_\_

X-ray: CXR LSS

EKG

EST

Info from MD

## Results Received

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Time/Initials

Chart ready: 305

Triage: 310

MD In: \_\_\_\_\_

Discharge: \_\_\_\_\_

Doctor: \_\_\_\_\_

Chaperone: \_\_\_\_\_

## Dates and Initials

For Physician Review: \_\_\_\_\_

Verbal Report: \_\_\_\_\_

Dictated: \_\_\_\_\_

OK to Mail: \_\_\_\_\_

Hand Delivered: \_\_\_\_\_

Results to Pt: \_\_\_\_\_

Referral: \_\_\_\_\_

Received by Trans: \_\_\_\_\_

Completed/Filed: \_\_\_\_\_

## Comments

2000046841  
Cheryl Ames Johnson  
926-5375



CORPORATE  
HEALTH SERVICES

AFFILIATED WITH

Charleston Area  
Medical CenterDate: 4-4-00

Name: Christopher Lester Sr. Birthdate: 1/71 Age 28 Sex M  
 Address: P.O. Box 1113 Home Phone (304) 369-6657  
Danville WV 25053 Work Phone ( )  
 Social Security Number: 233 115 B340 Family Physician: Dr. Snyder  
 Employer: D & M Trucking Occupation: Truck Driver  
 Address: Supervisor:

Triage Time: 134 Tetanus: Medications: Vicodin Allergies:  
Ibuprofen  
Flexeril  
 DOB: 3/10/00 Vitals: Temp Pulse B/P

closed head injury. Heard for 7/11 (L) Shoulder, cervical  
8/10 Pain movement. 8/9 m scale 1-10 - Goes  
3X week. I can move arm up & down but shoulder  
hurts. Pain shoots up neck & around (R)  
side. Feels like electricity. wakes up  
in middle of night. No pain at base  
of neck/head is sore. Pain is 5-6 out of 10  
Feels like a headache around 4-5° last 45 min  
& then goes away. (AM)

History:

Diagnosis:



CORPORATE  
HEALTH SERVICES

AFFILIATED WITH

Charleston Area  
Medical CenterDate: 3/27/00

Name: Christopher W. Lester Birthdate: [REDACTED] 1/71 Age: 28 Sex: M  
 Address: P.O. Box 1112 Home Phone (704) 369 6657  
Denville, NV 25052 Work Phone (704) 288 688 2486  
 Social Security Number: [REDACTED] 13340 Family Physician: Dr. Snyder  
 Employer: Delta Trucking Occupation: Truck Driver  
 Address: Chert, NV Supervisor: Steve Cobb

Triage Time: 1:05 PM Tetanus: 1998-99 Medications: N/A Allergies: NKDADOI: March 10, 2000 Vitals: Temp            Pulse            B/P           

Nurses Notes: Flu head, shoulder, Rib & back injury. head/neck Base  
of skull still having pain which constant pain, level  
of 5 on 1-10, pain scale. Continuous to have radiating  
sharp pain which begins at base of neck/shoulder region  
& radiates around neck into @ side just below ear at  
jawbone progressively worsening. Rib/back: Hurts to take  
deep breathes as ordered. Ribs & back aspect constantly  
ach & sharp, stabbing pain present & coughing/sneezing  
1-10 pain scale pain level 7-8. Having sharp pain @  
History: over ->

1) @ should 7-8/102) neck pnStart P7

Diagnosis:

Contnu Therap  
motu soo



1  
in shoulder blade region in joint. Having difficulty  
w/ shoulder rotation. Continues to take medications  
Needs refills on Vicodin ~~etc~~ <sup>03/27/00</sup>. Off work at this  
time. C. Gunnar, LPO ————— Julie File Room to  
fax copy of MRI report C. Gunnar, LPO —————



CORPORATE  
HEALTH SERVICES

AFFILIATED WITH

Charleston Area  
Medical CenterDate: 3/22/00

Name: Christopher V. Lester Birthdate: 1/21 Age: 28 Sex: Male  
 Address: P.O. Box 1117 Home Phone: (304) 269-6652  
Danville WV 26005 Work Phone: (304) 687-2486  
 Social Security Number: 13346 Family Physician: Dr. Snyder  
 Employer: Dan-Tek Corp. Inc. Occupation: Truck Driver  
 Address: Ghost WV Supervisor: Jerry Cobb

Triage Time: 2:20pm Tetanus: 1999 Medications: Vicodin, Allergies: DKDA  
Ibuprofen

DOB: March 10 1971 Vitals: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Nurses Notes: The Rib, Shoulder & head injury that occurred when Mr. Lester  
fell off of coal truck & hit into another coal truck. Head  
to soreness, Constant headache - dull throbbing to head  
movement @ neck has tingling sensation & numbness present  
states Radiates from between shoulder blades up & around  
neck to shoulder & face region to below earlobe. "hurts & scare  
him to death" pain level at 5-6 on 1-10 pain scale. @ 2:40 PM  
dull pain at base of skull @ shoulder has deep dull throbbing  
sensation & numbness radiating into forearm has just begun.  
 History: \_\_\_\_\_ (over)

Diagnosis: \_\_\_\_\_

Plan: \_\_\_\_\_



over last few days. 1-10 pain scale pain level at 7-8. Rib:  
D/side pain chest region unable to tell if it is in.  
Shoulder hurts between shoulder blades. Sharp pain  
present @ sneezing, coughing, yawning, deep breath  
... 1-10 pain scale pain level 10±. This is not constant  
is intermittent. Had MRI yesterday pm. Mem Div  
CAMC will try to get report faxed. Cont. to take  
medications as prescribed. Ease pain; however do  
not relieve pain. Unable to lift @ arm d/t shoulder  
pain. Needs refills at this time. Continues to be off  
work at this time. C. Hurnace, LPN — Spoke @ Sandy  
Mem. Rad. to get MRI Report faxed. C. Hurnace, LPN —

### ① shoulder MRI

Lightning/Elec on neck. from base to @ side, behind ear.  
Comes + goes. No specific trigger.

Pain @ deep breath.

Ibuprofen TID.

Vicoden SA, q5-6°.



CORPORATE  
HEALTH SERVICES

AFFILIATED WITH

Charleston Area  
Medical CenterDate: 3/15/00

Name: Christopher W. Lester Birthdate: [redacted] Age 28 Sex Male  
 Address: P.O. Box 1117 Home Phone ( ) 368-6657  
Danville WV 25053 Work Phone ( ) 682-2486  
 Social Security Number [redacted] Family Physician: Dr. Snyder  
 Employer: Pdm Trucking Occupation: Truck Driver  
 Address: Ocean WV Supervisor: Jerry Cobb

Triage Time: 3:15 pm Tetanus: \_\_\_\_\_ Medications: Vicodin Allergies: X  
Improphe

DOI: 3/10/00 Vitals: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P 1

Nurses Notes: f/u C-Strain, @ shoulder, chest wall, head injury.  
No pain in @ shoulder, back of head, chest wall but is  
feeling better. Slings for arm made head hurt worse.  
Pt. went to Eye & Ear clinic yesterday and they said both  
ears looked OK w/ no injury to inner ear.

Saw Dr Phillips - Audiogram

high freq. loss both ears

History: no need for further testing

no skull fx. no fx

met w/ 8. in pt

NA better w/ 16ap

Diagnosis: \_\_\_\_\_

Plan: \_\_\_\_\_



CORPORATE  
HEALTH SERVICES

AFFILIATED WITH

Charleston Area  
Medical Center

- 1 Head injury
- 2 C. Shan
- 3 (C) Shan For clearance report
- 4 Chest x-ray

1986 - motorcycle accident  
concussion  
hoop 16 d

Tion 11 Compens 1994

Date: 3/14/00

Name: Christopher W. Lester Birthdate: [REDACTED] Age: 28 Sex: M  
 Address: P.O. Box 1113 Home Phone (504) 269 6657  
Danville WV Work Phone ( ) 687 2884  
 Social Security Number: [REDACTED] Family Physician: Dr. Snyder  
 Employer: D & M Trucking Occupation: Truck Driver  
 Address: Cheney WV Supervisor: Terry Cobb

Triage Time: 8:38 Tetanus: \_\_\_\_\_ Medications: Vicodin Allergies: nkda

DOB: 3/10/00 Vitals: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_

Nurses Notes: Here for new (L) Shoulder Rib injury.  
on 3/10/00 around 5:15 AM he was checking truck  
pretrip list. He fell off the truck & hit his  
head on truck fuel tank parked beside truck. <sup>(ground)</sup>  
coworker found him unconscious. EMT's at  
mine site came & when he came to he began  
throwing up, & C/O Shoulder & head pain &  
lost consc. again - went to CAMC Gen ER →

History

loc. up lucid interval

ET x2 HR Ototoxic blurry vis

(C) Dr. Leon Kwei spoke to Dr. Apple

Diagnosis:

8/15/00

Shaken head to chest cont. to head  
Skull fx

Plan:



CAT scan & X-rays done Went home Fri &  
 Called Monday to car drainage & we sent him  
 back to ER & made appt for today. CAT SCAN  
 done on 3/13 & put arm in sling -  
 No headache today Pain scale 1/10 Today is 9/10  
 Shoulder pain is 8/10; Taking Vicodin & not  
 relieving pain. No (R) side of neck "It  
 feels like electricity is ~~stunning~~ walking  
 up skin of neck. Comes from between shoulder  
 blades". Will call for repair — (am)

Fri Fell off of a coal truck 5 1/2 ft & hit back.  
 + LOC To <sup>ED</sup> Ambulance CT Head, Ribs, Back  
 hip & ankle. Given pain med. Last night did  
 clean only drainage from ear & Sin.  
 To ED yesterday CT <sup>with soap - marks sideways</sup>  
 9/10 1) NA. dizziness arises from slight blurred vision, <sup>Balance off</sup>  
 4/10 2) (L) shoulder <sup>S, S, M</sup>  
 3) (L) ribs <sup>Hand</sup>  
 blood under blue nose

hold Dam across chest  
<sup>in</sup> Gentle and (L) shoulder  
 abduct to 30°  
 Distal

Prevent arm motion  
 Two drains

Take evidence upon exam & occupancy  
 DTR +2

For repair tented post (L) ribs  
 deep - clean



# Corporate Health Services

1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

FEIN # 31-1051362

DATE 4.11.00 MEDICAL PER INIT.

ATTENDING PHYSICIAN

DX (1)

DX (2)

PATIENT NAME Christopher W. Weston Sr. DATE OF BIRTH 7/1 SOCIAL SECURITY # 7340

HOME ADDRESS P.O. Box 1113 HOME PHONE 704 769 6657 WORK PHONE 687 2486

CITY/STATE/ZIP Denver, CO 80503 EMPLOYER D4m Trucking

EVALUATION/ MANAGEMENT/MISC EXAMS			CODE	X	FEE	PREVENTIVE MEDICINE			CODE	X	FEE
New Patient (10 min)	99201		Follow-Up (10 min)	99212		Initial, age 18-39			99385		
New Patient (20 min)	99202		Follow-Up (15 min)	99213		Initial, age 40-64			99386		
New Patient (30 min)	99203		Follow-Up (25 min)	99214		Initial, age 65+			99387		
New Patient (45 min)	99204		Follow-Up (40 min)	99215							
New Patient (60 min)	99205		DOT	44444		Pre-Placement I			88888		
Return to Work	99456		Respiratory Clearance	00010		Pre-Placement II			00513		
						Fit for Duty					

LABORATORY	CODE	X	FEE	X-RAY	CODE	X	FEE	PROCEDURES	CODE	X	FEE
Exec. IV	80050			Chest PA & Lat	71020			I&D Simple	10060		
Exec. III	80050			Sinuses min 3 view	70220			I & D Complex	10061		
CBC with/Diff	85025			Skull, min 4 view	70260			For Body Rem Simple	10120		
Profile 22	80019			Ribs, uni with PA Chest	71101			For Body Eye Rem	65210		
Cholesterol, HDL	82465			Cervical Spine, 5 View	72050			Excision Nail	11750		
Carboxyhemoglobin	82375			Thoracic Spine	72072			Wound Repair Except Face			
HIV	86689			Lumbar Spine, 3 View	72110			Up to 2.5 cm	12001		
Rubella	86762			Shoulder, 3 View	73030			2.6 to 7.5	12002		
Rubeola	86765			Elbow, 4 Views	73080			7.6 to 12.5	12004		
TSH	84443			Forearm, 2 Views	73090			Wound Repair Face Simple			
HBsAg	86287			Wrist, 3 Views	73110			Up to 2.5 cm	12011		
Anti-HBsAg	86289			Hand, 3 Views	73130			2.6 to 5 cm	12013		
PSA	84153			Finger(s) 2 Views	73140						
Lead	83645			Knee 4 Views	73562						
AML Drug Screen	80100			Tibia/Fibula 2 Views	73590						
Nicotine Screen	83887			Ankle 3 Views	73610			SUPPLIES/OTHER SERVICES	CODE	X	FEE
Urinalysis Complete	81003			Foot 3 Views	73630			Ace Wrap	A4460		
U/A Dip	81000			Hip Unilateral	73510			Finger Splint	A4570		
Hemocult	83033			Bilateral Mammogram	76091			Sling	A4565		
Pap Smear	88150			Chest 1 View	71010			Crutches	A4454		
Specimen Collection	36415							Knee Immobilizer	A4454		
								Wrist Splint	A4570		
								EKG	93000		

TOTAL CHARGES		\$	INJECTIONS/MEDICATIONS			CODE	X	FEE			
PAYMENT		\$	Tetanus			90703			Stress Test		93015
TOTAL DUE		\$	PPD			86585			Flex. Sig		45330
			Hepatitis			90746			PFT		94010
			Phenergan			12550			Audiogram		92551
			Toradol			11885			Tonometry		92100
			Stadol			90782			Health Path		999
			Flu			90724			Color Vision		92280
									Breath Alcohol		77777

CHS-0020

Rev. 4-9

500688.085.0035



**Corporate**  
**Health Services**

1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

**CHART FLOW**

Due Date: 2

Date: 4-4-00 Arrival: 11:40 Appt. WI

Name: Christopher W. Lester Sr. Company: D&M Trucking

SS #: [REDACTED] 3340 Type of Exam: 4/10 LF14

**Results Pending**

**Results Received**

**Time/Initials**

AML D/S Nic

SVI Lab

AML Lab

X-ray: CXR LSS

EKG

EST

Info from MD

Chart ready: 12:55

Triage: \_\_\_\_\_

MD In: \_\_\_\_\_

Discharge: \_\_\_\_\_

Doctor: \_\_\_\_\_

Chaperone: \_\_\_\_\_

**Dates and Initials**

**Comments**

For Physician Review: \_\_\_\_\_

Verbal Report: \_\_\_\_\_

Dictated: \_\_\_\_\_

OK to Mail: \_\_\_\_\_

Hand Delivered: \_\_\_\_\_

Results to Pt: \_\_\_\_\_

Referral: \_\_\_\_\_

Received by Trans: \_\_\_\_\_

Completed/Filed: \_\_\_\_\_

CHS-0021 (Rev 1-97)

500688.085.0036



# Corporate Health Services

1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

## CHART FLOW

Due Date: ~~8-27-00~~

Date: 7-27-00 Arrival: 8:55 Appt. \_\_\_\_\_ WI \_\_\_\_\_

Name: Christopher K. Lester Company: D & M Trucking

SS #: 3340 Type of Exam: \_\_\_\_\_

### Results Pending

### Results Received

### Time/Initials

AML D/S Nic

SVI Lab \_\_\_\_\_

AML Lab \_\_\_\_\_

X-ray: CXR LSS

EKG \_\_\_\_\_

EST \_\_\_\_\_

Info from MD \_\_\_\_\_

Chart ready: 9:25

Triage: 10:05

MD In: \_\_\_\_\_

Discharge: \_\_\_\_\_

Doctor: \_\_\_\_\_

Chaperone: \_\_\_\_\_

### Dates and Initials

### Comments

For Physician Review: \_\_\_\_\_

Verbal Report: \_\_\_\_\_

Dictated: \_\_\_\_\_

OK to Mail: \_\_\_\_\_

Hand Delivered: \_\_\_\_\_

Results to Pt: \_\_\_\_\_

Referral: \_\_\_\_\_

Received by Trans: \_\_\_\_\_

Completed/filed: \_\_\_\_\_

*Called for chart*

CHS-0021 (Rev. 1-97)

500688.085.0037



FEIN # 31-1051362

DATE 327-00	MEDICAL PER INIT.
ATTENDING PHYSICIAN D. J. [unclear]	
DX (1)	
DX (2)	
DATE OF BIRTH [redacted] 71	SOCIAL SECURITY # [redacted] 3740
HOME PHONE 369-6657	WORK PHONE 682 2486
EMPLOYER D + M Trucking	

PATIENT NAME	Christopher W. Easton
HOME ADDRESS	P.O. Box 1113
CITY/STATE/ZIP	Nashville TN 37053

New Patient (10 min)	99201	Follow-Up (10 min)	99212		Initial, age 18-39	99385
New Patient (20 min)	99202	Follow-Up (15 min)	99213	X	Initial, age 40-64	99386
New Patient (30 min)	99203	Follow-Up (25 min)	99214		Initial, age 65+	99387
New Patient (45 min)	99204	Follow-Up (40 min)	99215			
New Patient (60 min)	99205	DOT	44444		Pre-Placement I	88888
Return to Work	99456	Respiratory Clearance	00010		Pre-Placement II	00513
					Fit for Duty	

[illegible]



# Corporate Health Services

1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

FEIN # 31-1051362

DATE 7-22-00	MEDICAL PER INT.	
ATTENDING PHYSICIAN A. [Signature]		
DX (1) [Blank]		
DX (2) [Blank]		
PATIENT NAME Christopher [Signature]	DATE OF BIRTH [Blank]	SOCIAL SECURITY # [Blank]
HOME ADDRESS [Blank]	HOME PHONE 264 6657	WORK PHONE 667 2486
CITY/STATE/ZIP Martinsburg WV 26033	EMPLOYER Dixie Trucking Corp. Inc.	

EVALUATION & MANAGEMENT/MISC. EXAMS			CODE	X	FE	PREVENTIVE MEDICINE			CODE	X	FE
New Patient (10 min)	99201		Follow-Up (10 min)	99212		Initial, age 18-39	99385				
New Patient (20 min)	99202		Follow-Up (15 min)	99213	X	Initial, age 40-64	99386				
New Patient (30 min)	99203		Follow-Up (25 min)	99214		Initial, age 65+	99387				
New Patient (45 min)	99204		Follow-Up (40 min)	99215							
New Patient (60 min)	99205		DOT	44444		Pre-Placement I	88888				
Return to Work	99456		Respiratory Clearance	00010		Pre-Placement II	00513				
						Fit for Duty					

LABORATORY	CODE	X	FE	XRAY	CODE	X	FE	PROCEDURES	CODE	X	FE
Exec. IV	80050			Chest PA & Lat	71020			I&D Simple	10060		
Exec. III	80050			Sinuses min 3 view	70220			I & D Complex	10061		
CBC with/Diff	85025			Skull, min 4 view	70260			For Body Rem Simple	10120		
Profile 22	80019			Ribs, uni with PA Chest	71101			For Body Eye Rem	45210		
Cholesterol, HDL	82465			Cervical Spine, 5 View	72050			Excision Nail	11750		
Carboxyhemoglobin	82375			Thoracic Spine	72072			Wound Repair Except Face			
HIV	86689			Lumbar Spine, 3 View	72110			Up to 2.5 cm	12001		
Rubella	86762			Shoulder, 3 View	73030			2.6 to 7.5	12002		
Rubeola	86765			Elbow, 4 Views	73080			7.6 to 12.5	12004		
TSH	84443			Forearm, 2 Views	73090			Wound Repair Face Simple			
HBsAg	86287			Wrist, 3 Views	73110			Up to 2.5 cm	12011		
Anti-HBsAg	86289			Hand, 3 Views	73130			2.6 to 5 cm	12013		
PSA	84153			Finger(s) 2 Views	73140						
Lead	83645			Knee 4 Views	73562						
AML Drug Screen	80100			Tibia/Fibula 2 Views	73590			SUPPLIES/OTHER SERVICES			
Nicotine Screen	83887			Ankle 3 Views	73610			Ace Wrap	A4460		
Urinalysis Complete	81003			Foot 3 Views	73630			Finger Splint	A4570		
U/A Dip	81000			Hip Unilateral	73510			Sling	A4565		
Hemaculi	83033			Bilateral Mammogram	76091			Crutches	A4454		
Pap Smear	88150			Chest 1 View	71010			Knee Immobilizer	A4454		
Specimen Collection	36415							Wrist Splint	A4570		
								EKG	93000		

TOTAL CHARGES		\$	INJECTIONS/MEDICATIONS			CODE	X	FE			
PAYMENT		\$	Tetanus	90703					Stress Test	93015	
TOTAL DUE		\$	PPD	86585					Flex. Sig	45330	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD			Hepatitis	90746					PFT	94010	
			Phenergan	J2550					Audiogram	92551	
			Toradol	T1885					Tonometry	92100	
			Stadol	90782					Health Path	999	
			Flu	90724					Color Vision	92280	
									Breath Alcohol	77777	

CHS-0020

Rev. 6-96

500688.085.0039





1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

# CHART FLOW

Due Date: \_\_\_\_\_

Date: 3-22-00 Arrival: 1:37 Appt. \_\_\_\_\_ WI \_\_\_\_\_

Name: Chris Lester Company: D&M Trucking Corp. Inc.

SS #: [REDACTED] 3340 Type of Exam: Flu w/c

## Results Pending

## Results Received

## Time/Initials

AML D/S Nic \_\_\_\_\_

SVI Lab \_\_\_\_\_

AML Lab \_\_\_\_\_

X-ray: CXR LSS \_\_\_\_\_

EKG \_\_\_\_\_

EST \_\_\_\_\_

Info from MD \_\_\_\_\_

Chart ready: 1:50

Triage: 2:20pm

MD In: \_\_\_\_\_

Discharge: \_\_\_\_\_

Doctor: \_\_\_\_\_

Chaperone: \_\_\_\_\_

## Dates and Initials

For Physician Review: \_\_\_\_\_

Verbal Report: \_\_\_\_\_

Dictated: \_\_\_\_\_

OK to Mail: \_\_\_\_\_

Hand Delivered: \_\_\_\_\_

Results to Pt: \_\_\_\_\_

Referral: \_\_\_\_\_

Received by Trans: \_\_\_\_\_

Completed/Filed: \_\_\_\_\_

## Comments

*Called for chart*





1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

FEIN # 31-1051362

DATE 3-15-00	MEDICAL PER INT.
ATTENDING PHYSICIAN	
DX (1)	
DX (2)	
DATE OF BIRTH [REDACTED] 71	SOCIAL SECURITY # [REDACTED] 7740
HOME PHONE 769 6657	WORK PHONE 857-2456
EMPLOYER D+L Trucking Corp. Inc.	

PATIENT NAME Christopher Webster	DATE OF BIRTH [REDACTED] 71	SOCIAL SECURITY # [REDACTED] 7740
HOME ADDRESS P.O. Box 1113	HOME PHONE 769 6657	WORK PHONE 857-2456
CITY/STATE/ZIP Danville WV 25053	EMPLOYER D+L Trucking Corp. Inc.	

New Patient (10 min)	99201	Follow-Up (10 min)	99212	Initial, age 18-39	99385
New Patient (20 min)	99202	Follow-Up (15 min)	99213	Initial, age 40-64	99386
New Patient (30 min)	99203	Follow-Up (25 min)	99214	Initial, age 65+	99387
New Patient (45 min)	99204	Follow-Up (40 min)	99215		
New Patient (60 min)	99205	DOT	44444	Re-Placement I	88888
Return to Work	99456	Respiratory Clearance	00010	Pre-Placement II	00513
				Fit for Duty	

Exam. IV	80050	Chest PA & Lat	71020	I&D Simple	10060
Exam. III	80050	Sinuses min 3 view	70220	I & D Complex	10061
CBC with/Diff	85025	Skull, min 4 view	70260	For Body Rem Simple	10120
Profile 22	80019	Ribs, uni with PA Chest	71101	For Body Eye Rem	65210
Cholesterol, HDL	82465	Cervical Spine, 5 View	72050	Excision Nail	11750
Carboxyhemoglobin	82375	Thoracic Spine	72072	Wound Repair Except Face	
HIV	86689	Lumbar Spine, 3 View	72110	Up to 2.5 cm	12001
Rubella	86762	Shoulder, 3 View	73030	2.6 to 7.5	12002
Rubella	86765	Elbow, 4 Views	73080	7.6 to 12.5	12004
TSH	84443	Forearm, 2 Views	73090	Wound Repair Face Simple	
HBsAg	86287	Wrist, 3 Views	73110	Up to 2.5 cm	12011
Anti-HBsAg	86289	Hand, 3 Views	73130	2.6 to 5 cm	12013
PSA	84153	Finger(s) 2 Views	73140		
Lead	83645	Knee 4 Views	73562		
AML Drug Screen	80100	Tibia/Fibula 2 Views	73590	SUPPLIES/OTHER SERVICES	CODE X FEE
Nicotine Screen	83887	Ankle 3 Views	73610	Ace Wrap	A4460
Urinalysis Complete	81003	Foot 3 Views	73630	Finger Splint	A4570
U/A Dip	81000	Hip Unilateral	73510	Sling	A4565
Hemocult	83033	Bilateral Mammogram	76091	Crutches	A4454
Pap Smear	88150	Chest 1 View	71010	Knee Immobilizer	A4454
Specimen Collection	36415			Wrist Splint	A4570
				EKG	93000

TOTAL CHARGES	\$	NEEDLE/INJECTION	CODE	FEE	Stress Test	93015
PAYMENT	\$	Tetanus	90703		Flex. Sig	45330
TOTAL DUE	\$50.06	PPD	86585		PFT	94010
		Hepatitis	90746		Audiogram	92551
		Phenergan	J2550		Tonometry	92100
		Toradol	T1885		Health Path	999
		Stadol	90782		Color Vision	92280
		Flu	90724		Breath Alcohol	77777





1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

FEIN # 31-1051362

DATE 3-14-00	MEDICAL PER INT.
ATTENDING PHYSICIAN	
DX (1)	
DX (2)	
DATE OF BIRTH [REDACTED] 71	SOCIAL SECURITY # [REDACTED] 3340
HOME PHONE 369 6657	WORK PHONE 687-2486
EMPLOYER D+M Trucking Corporation Inc	

PATIENT NAME Christopher W. Lester, Sr.	DATE OF BIRTH [REDACTED] 71	SOCIAL SECURITY # [REDACTED] 3340
HOME ADDRESS P.O. Box 1113	HOME PHONE 369 6657	WORK PHONE 687-2486
CITY/STATE/ZIP Danville WV 25053	EMPLOYER D+M Trucking Corporation Inc	

EVALUATION & MANAGEMENT/MISC. EXAMS			CODE	X	FEE	PREVENTIVE MEDICINE			CODE	X	FEE
New Patient (10 min)	99201		Follow-Up (10 min)	99212		Initial, age 18-39	99385				
New Patient (20 min)	99202		Follow-Up (15 min)	99213		Initial, age 40-64	99386				
New Patient (30 min)	99203		Follow-Up (25 min)	99214		Initial, age 65+	99387				
New Patient (45 min)	99204		Follow-Up (40 min)	99215							
New Patient (60 min)	99205		DOT	44444		Pre-Placement I	88888				
Return to Work	99456		Respiratory Clearance	00010		Pre-Placement II	00513				
						Fit for Duty					

LABORATORY			CODE	X	FEE	X-RAY			CODE	X	FEE	PROCEDURES			CODE	X	FEE
Exec. IV	80050		Chest PA & Lat	71020		I&D Simple	10060										
Exec. III	80050		Sinuses min 3 view	70220		I & D Complex	10061										
CBC with/Diff	85025		Skull, min 4 view	70260		For Body Rem Simple	10120										
Profile 22	80019		Ribs, uni with PA Chest	71101		For Body Eye Rem	65210										
Cholesterol, HDL	82465		Cervical Spine, 5 View	72050		Excision Nail	11750										
Carboxyhemoglobin	82375		Thoracic Spine	72072		Wound Repair Except Face											
HIV	86689		Lumbar Spine, 3 View	72110		Up to 2.5 cm	12001										
Rubella	86762		Shoulder, 3 View	73030		2.6 to 7.5	12002										
Rubeola	86765		Elbow, 4 Views	73080		7.6 to 12.5	12004										
TSH	84443		Forearm, 2 Views	73090		Wound Repair Face Simple											
HBsAg	86287		Wrist, 3 Views	73110		Up to 2.5 cm	12011										
Anti-HBsAg	86289		Hand, 3 Views	73130		2.6 to 5 cm	12013										
PSA	84153		Finger(s) 2 Views	73140													
Lead	83645		Knee 4 Views	73562													
AML Drug Screen	80100		Tibia/Fibula 2 Views	73590		SUPPLIES/OTHER SERVICES			CODE	X	FEE						
Nicotine Screen	83887		Ankle 3 Views	73610		Ace Wrap	A4460										
Urinalysis Complete	81003		Foot 3 Views	73630		Finger Splint	A4570										
U/A Dip	81000		Hip Unilateral	73510		Sling	A4565										
Hemocult	83033		Bilateral Mammogram	76091		Crutches	A4454										
Pop Smear	88150		Chest 1 View	71010		Knee Immobilizer	A4454										
Specimen Collection	36415					Wrist Splint	A4570										
						EKG	93000										
TOTAL CHARGES			\$			INJECTIONS/MEDICATIONS			CODE	X	FEE	Stress Test	93015				
PAYMENT			\$			Tetanus	90703					Flex. Sig	45330				
TOTAL DUE			\$ 133.06			PPD	86585					PFT	94010				
						Hepatitis	90746					Audiogram	92551				
						Phenergan	12550					Tonometry	92100				
						Toradol	11885					Health Path	999				
						Stadol	90782					Color Vision	92280				
						Flu	90724					Breath Alcohol	77777				

☐ CASH ☐ CHECK

☐ CREDIT CARD

500688.085.0042





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(304) 348-1000

# CHART FLOW

Chart called  
for

Due Date: \_\_\_\_\_

Date: 3/14/2000 Arrival: 8:05 Appt. \_\_\_\_\_ WI \_\_\_\_\_

Name: CHRISTOPHER LESTER Company: D & M TRUCKING

SS #: [REDACTED] 3340 Type of Exam: W/O

## Results Pending

## Results Received

## Time/Initials

AML D/S Nic

SVI Lab \_\_\_\_\_

AML Lab \_\_\_\_\_

X-ray: CXR LSS

EKG

EST

Info from MD

Chart ready: 8<sup>21</sup>

Triage: 8<sup>38</sup>

MD In: \_\_\_\_\_

Discharge: \_\_\_\_\_

Doctor: \_\_\_\_\_

Chaperone: \_\_\_\_\_

## Dates and Initials

## Comments

For Physician Review: \_\_\_\_\_

Verbal Report: \_\_\_\_\_

Dictated: \_\_\_\_\_

OK to Mail: \_\_\_\_\_

Hand Delivered: \_\_\_\_\_

Results to Pt: \_\_\_\_\_

Referral: \_\_\_\_\_

Received by Trans: \_\_\_\_\_

Completed/Filed: \_\_\_\_\_





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Charleston, West Virginia 25303  
(304) 348-1000

CHART FLOW

Due Date: \_\_\_\_\_

Date: 3-24-98 Arrival: 12:05 Appt: WA  
Name: Christopher Lester Company: Eastern States mine *Sup*  
SS #: [REDACTED] 3340 Type of Exam: DS

Results Pending

Results Received

Time/Initials

AML D/S Nic

3-26-98

Chart ready: 12:20

SVI Lab \_\_\_\_\_

Triage: 12:28

AML Lab \_\_\_\_\_

MD In: \_\_\_\_\_

X-ray: CXR LSS

Discharge: 1240

Doctor: \_\_\_\_\_

Chaperone: \_\_\_\_\_

EKG \_\_\_\_\_

EST \_\_\_\_\_

Info from MD \_\_\_\_\_

Dates and Initials

Comments

For Physician Review: \_\_\_\_\_

Verbal Report: \_\_\_\_\_

Dictated: \_\_\_\_\_

OK to Mail: \_\_\_\_\_

Hand Delivered: \_\_\_\_\_

Results to Pt: \_\_\_\_\_

Referral: \_\_\_\_\_

Received by Trans: \_\_\_\_\_

Completed/Filed: 3-27-98



FEIN # 31-1051362

PATIENT NAME Christie, W. Robert, Sr.	DATE OF BIRTH [REDACTED] 71	SOCIAL SECURITY # [REDACTED] 746
HOME ADDRESS P.O. Box 1113	HOME PHONE 364 6657	WORK PHONE — 369-6010
CITY/STATE/ZIP Donnell, WV 25053	EMPLOYER Eastern States Mining Supply	

EXAMINATION & MANAGEMENT STAGE		CODE	DESCRIPTION	CODE	DESCRIPTION
New Patient (10 min)	99201	Follow-Up (10 min)	99212	Initial, age 18-39	99385
New Patient (20 min)	99202	Follow-Up (15 min)	99213	Initial, age 40-64	99386
New Patient (30 min)	99203	Follow-Up (25 min)	99214	Initial, age 65+	99387
New Patient (45 min)	99204	Follow-Up (40 min)	99215		
New Patient (60 min)	99205	DOT	44444	Pre-Placement I	88888
Return to Work	99456	Respiratory Clearance	00010	Pre-Placement II	00513
				Fit for Duty	

LABORATORY	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
Exec. IV	80050	Chest PA & Lat	71020	I&D Simple	10060	
Exec. III	80050	Sinuses min 3 view	70220	I & D Complex	10061	
CBC with/Diff	85025	Skull, min 4 view	70260	For Body Room Simple	10120	
Profile 22	80019	Ribs, uni with PA Chest	71101	For Body Eye Room	65210	
Cholesterol, HDL	82465	Cervical Spine, 5 View	72050	Excision Nail	11750	
Carboxyhemoglobin	82375	Thoracic Spine	72072	Wound Repair Except Face		
HIV	86689	Lumbar Spine, 3 View	72110	Up to 2.5 cm	12001	
Rubella	86762	Shoulder, 3 View	73030	2.6 to 7.5	12002	
Rubeola	86765	Elbow, 4 Views	73080	7.6 to 12.5	12004	
TSH	84443	Forearm, 2 Views	73090	Wound Repair Face Simple		
HBeAg	86287	Wrist, 3 Views	73110	Up to 2.5 cm	12011	
Anti-HBeAg	86289	Hand, 3 Views	73130	2.6 to 5 cm	12013	
PSA	84153	Fingers 2 Views	73140			
Lead	83645	Knee 4 Views	73562			
UWL Drug Screen	80100	Tibia/Fibula 2 Views	73590			
Nicotine Screen	83887	Ankle 3 Views	73610	Ace Wrap	A4460	
Urinalysis Complete	81003	Foot 3 Views	73630	Finger Splint	A4570	
U/A Dip	81000	Hip Unilateral	73510	Sling	A4565	
Hemocult	83033	Bilateral Mammogram	76091	Crutches	A4454	
Pap Smear	88150	Chest 1 View	71010	Knee Immobilizer	A4454	
Specimen Collection	36415			Wrist Splint	A4570	
				EKG	93000	

TOTAL CHARGES		\$	INJECTIONS/MEDICATIONS	CODE	DATE	STRESS TEST	93015
			Tetanus	90703		Flex. Sig	45330
PAYMENT		\$	PPD	86585		PFT	94010
			Hepatitis	90746		Audiogram	92551
TOTAL DUE		\$	Phenergan	J2550		Tonometry	92100
			Toradol	T1885		Health Path	999
			Stadol	90782		Color Vision	92280
			Riv	90724		Breath Alcohol	77777
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD							



CORPORATE  
HEALTH SERVICES

AFFILIATED WITH



Charleston Area  
Medical Center

## CONSENT FOR TREATMENT

I, the undersigned, hereby authorize Corporate Health Services to render, and provide medical treatment and services, including physical examination, diagnostic testing, radiologic procedures and other such medical testing, evaluation and treatment considered necessary or advisable by the physician(s).

Signature: Christopher W. Lester Jr. Date: 3-14-00  
Social Security Number: [REDACTED]-3340 Home Phone: 369-6657  
Address: P.O. Box 1113 Danville WV 25053  
Employer: D & M Trucking Phone: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby request and authorize Corporate Health Services to release patient records, and the information contained therein, relating to my medical care to my medical insurance carrier, my Workers' Compensation carrier or my employer, or employer's representative, who is or may be responsible for all or some of the charge for my medical treatment and services.

Signature: Christopher W. Lester Jr. Date: 3-14-00  
Social Security Number: [REDACTED] 3340

IF INFORMATION IS CONTAINED WITHIN THE PATIENT'S CHART CONCERNING ALCOHOL/DRUG TESTING OR TREATMENT THE PATIENT MUST INITIAL THE ONES THAT APPLY BEFORE THE RECORDS CAN BE RELEASED.


*I authorize the release of the following information as indicated by my initials.*

\_\_\_\_\_ Alcohol or drug testing and/or treatment.

Corporate Health Services • (304) 348-1000 • 1418C MacCorkle Ave., SW • Charleston, WV 25303



**WEST VIRGINIA**  
**COMMERCIAL DRIVER'S LICENSE**



NAME: ES33577 DOB: 1971 M  
SEX: M  
HEIGHT: 5-08 WEIGHT: 260 EYES: BR HAIR: BR  
EXPIRATION DATE: 12-31-2001  
ISSUANCE DATE: 02-02-1998  
CLASS: UNLICENSED  
ENDORSEMENTS: NONE

**RENEW**  
*Christopher Wayne Sr. Lester*  
Danville, WV

LESTER, CHRISTOPHER WAYNE SR  
PO BOX 1113  
DANVILLE, WV 25053-1113

500688.085.0047





1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

**DRUG SCREEN CONSENT**

Name: Christopher W. Lester

Social Security Number: [REDACTED] - 3340

I hereby give my consent to Corporate Health Services to perform:

- ☐ Breath Alcohol Testing
- ☐ Blood Alcohol Testing
- ☒ Urine Drug Screen

I furthermore give my permission to Corporate Health Services to release the results of this test to my

Company: Eastern States Mine Supply

Date: 3-23-98

Patient Signature: Christopher W. Lester Jr.

Date: 3-24-98

Witness: R. P. [Signature]





1418-C MacCorkle Avenue, SW  
Charleston, West Virginia 25303  
(304) 348-1000

**CONSENT FOR TREATMENT  
AUTHORIZATION FOR  
RELEASE OF INFORMATION**

### CONSENT FOR TREATMENT

I, the undersigned, hereby authorize Corporate Health Services to render, and provide medical treatment and services, including physical examination, diagnostic testing, radiologic procedures and other such medical testing, evaluation and treatment considered necessary or advisable by the physician(s).

~~Signature:~~ Christopher W. Lutz, Jr. ~~Date:~~ 3-24-98  
~~Security Number:~~ [REDACTED] 3340

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby request and authorize Corporate Health Services to release patient records, and the information contained therein, relating to my medical care to my medical insurance carrier, my Workers' Compensation carrier or my employer, or employer's representative, who is or may be responsible for all or some of the charge for my medical treatment and services.

~~Signature:~~ Christopher W. Lutz, Jr. ~~Date:~~ 3-24-98  
~~Social Security Number:~~ [REDACTED] 3340

**IF INFORMATION IS CONTAINED WITHIN THE PATIENT'S CHART CONCERNING ALCOHOL/DRUG TESTING OR TREATMENT THE PATIENT MUST INITIAL THE ONES THAT APPLY BEFORE THE RECORDS CAN BE RELEASED.**

*I authorize the release of the following information as indicated by my initials.*

~~Alcohol or drug testing and/or treatment.~~